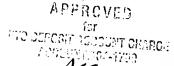
APPROVED

**Express Mail Number:** 

EV 272909476 US

**Date Deposited:** 

07/28/2003



PTO/SB/05 (11-00) use through 10/31/2002. OMB 0651-0032

U.S. Patent and	Trademark Onice; U.S.	DEPARTMEN

## UTILITY PATENT APPLICATION **TRANSMITTAL**

5846.005 Attorney Docket No. William H. Hildebrand, et al. First Inventor CLASS I SEQUENCE BASED TYPING OF HLA-A, -B, AND -C ALLELES BY DIRECT DNA SEQUENCING Express Mail Label No. EV 272909476 US

(Only for new nonprovision	nal applications under 37 CFR 1.53(b	xpress	Mail Label N	o. EV	272909476 U	s		
APPLICA		400				Comm.for Patents		
See MPEP chapter 600 cond	eming utility patent application conte	יטטאן		-		3-1450		
See MPEP chapter 600 cond  1. X Fee Transmittal For (Submit an original and a condition of the condition of	ADDRESS TO: PO Box 1450 Alexandria, VA 22313-1450  7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. Assignment Papers (cover sheet & document(s)) 10. (when there is an assignee) Attorney 11. English Translation Document (if applicable) 12. X Information Disclosure Statement (IDS)/PTO-1449 13. Preliminary Amendment 14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. (efficient of Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35							
			17.	X Other: Fee I				
18. This application is:    X   Continuation   Divisional   Continuation-in-part (CIP)   Of prior application No.:   1631     As a CON, DIV, or CIP, this application contains one or more changes to (1) the specification; (2) drawings; or (3) claims in the above-lidentified prior application. A red-line version of the application showing these changes will be made available to the examiner upon request.								
19. CORRESPONDENCE ADDRESS  X Customer Number or Bar Code Label (Insert, Customer No. or, Attach Dar, code label here) (Insert, Customer No. or, Attach Dar, code label here)								
Name	Dunlap, Codding & Rogers, P.C.							
	P. O. Box 16370							
Address	Attn: Douglas J. Sorocco					r		
City	Oklahoma City		State OK			Zip Code	73113	
Country	USA Telep		phone (405) 607-8600			Fax (405) 607-868		
Name (PrintlType)	Douglas J.)Sorocco		Regi	istration No. (A	ttorney	/Agent) 43,1		
Signature	X/V				L	Date	.28.03	

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P.O. Box 1450

Alexandria, VA 22313-1450

1. Utility Patent Application Transmittal (1 page); 2. Fee Transmittal (1 page) Authorizing the Commissioner to charge indicated fees of \$375.00 (for Utility Filing Fee \$375.00) or any additional fee required under 37 C.F.R. 1.16 and 1.17 and/or credit any overpayments to Deposit Account Name Dunlap, Codding & Rogers, P.C.; 3. Patent Application Fee Det. Record (1 page); 4. Complete Application for Publication (50 Pages) (Continuation of USSN 09/846.826, filed May 1, 2001) including: (A)Specification (38 pages); (B) 6 Claims (3 pages); (C) Abstract (1 page); (D) 5 pages of Combined Declaration and Power of Attorney (from prior application); and (E) 3 sheets of formal drawings with labels identifying indicia (37 CFR 1.84 (c); 5. Information Disclosure Statement (5 pages); 6. Form PTO/SB/08A (2 pages); 7. Return Postcard.



EV 272909476 US

07/28/2003

PTO/SB/17 (10-02)
Approved for use through 10/31/2002. OMB 0651-0032
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## **FEE TRANSMITTAL** for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** 

<b>/¢</b> \	375
(5)	3/3

Complete if Known					
Application Number	Not Yet Assigned				
Filing Date	Herewith				
First Named Inventor	William H. Hildebrand, et al.				
Examiner Name	John S. Brusca				
Art Unit	1631				
Attorney Docket No.	5846 005				

METHOD OF PAYMENT (check all Parties apply)	FEE CALCULATION (continued)									
Check Credit card Money None None	3. ADDITIONAL FEES									
Deposit Account:	Large Entity   Small Entity									
Donacit	Fee Fee Code (\$)	Fee Fee Code (\$)	Fee Description	Foo Dold						
Account Number 04-1700	1051 130	2051 65	Surcharge - late filing fee or oath	Fee Paid						
Deposit Dunlap, Codding & Rogers, P.C.	1052 50	2052 25	Surcharge - late provisional filing fee or							
Name (Customer No. 30369	1053 130	1053 130	cover sheet . Non-English specification							
The Commissioner is authorized to: (check all that apply)  Charge fee(s) indicated below  Credit any overpayments	1812 2,520		For filing a request for ex parte reexamination							
Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) during the pendency of this application	1804 920°	1804 920°	Requesting publication of SIR prior to							
Charge fee(s) indicated below, except for the filling fee		4005 4 040*	Examiner action							
to the above-identified deposit account.	1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action							
FEE CALCULATION	1251 110	2251 55	Extension for reply within first month							
1. BASIC FILING FEE	1252 410	2252 205	Extension for reply within second month							
Large Entity Small Entity	1253 930	2253 465	Extension for reply within third month							
Fee Fee Fee Fee Description Fee Paid Code (\$)	1254 1,450	2254 725	Extension for reply within fourth month							
1001 750 2001 375 Utility filing fee 375	1255 1,970	2255 985	Extension for reply within fifth month	<b></b>						
1002 330 2002 165 Design filing fee	1401 320	2401 160	Notice of Appeal							
1003 520 2003 260 Plant filing fee	1402 320	2402 160	Filing a brief in support of an appeal							
1004 750 2004 375 Reissue filing fee	1403 280	2403 140	Request for oral hearing							
1005 160 2005 80 Provisional filing fee	1451 1,510	1451 1,510	Petition to institute a public use proceeding							
SUBTOTAL (1) (\$) 375	1452 110	2452 55	Petition to revive - unavoidable							
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453 1,300	2453 650	Petition to revive - unintentional							
Fee from Extra Claims below Fee Paid	1501 1,300 1502 470	2501 650 2502 235	Utility issue fee (or reissue)  Design issue fee							
Total Claims 6 - ** = 0 x = \$0	1502 470	2503 315	Plant issue fee							
Independent Claims = 0 x = 50	1460 130	1460 130	Petitions to the Commissioner							
Multiple Dependent = \$0	1807 50	1807 50	Processing fee under 37 CFR 1.17(q)							
Large Entity   Small Entity	1806 180	1806 180	Submission of Information Disclosure Stmt							
Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)	8021 40	8021 40	Recording each patent assignment per							
1202 18 2202 9 Claims in excess of 20	1809 750	2809 375	property (times number of properties) Filing a submission after final rejection							
1201 84 2201 42 Independent claims in excess of 3	1609 750	2009 373	(37 CFR 1.129(a))							
1203 280 2203 140 Multiple dependent claim, if not paid	1810 750	2810 375	For each additional invention to be							
1204 84 2204 42 ** Reissue independent claims over original patent	1801 750	2801 375	examined (37 CFR 1.129(b)) Request for Continued Examination (RCE)							
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900	1802 900	Request for expedited examination of a design application							
	Other fee (sp	ecify)								
SUBTOTAL (2) (\$) 0 **or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0									
SUBMITTED BY (Complete (if applicable)										

Registration No. Name (Print/Type) 43,145 Telephone (405) 607-8600 (Attorney/Agent) 07/28/2003 Date Signature

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Mail Stop Patent Application **Commissioner for Patents** PO Box 1450, Alexandria, VA 22313-1450

APPROVES for FTO DEPOSIT ACCOUNT CHARGE ACCOUNTED 04-1700

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Date Deposited:

07/28/2003

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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD									D Application or Docket Number 5846.005					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									CMAII ENTITY OD			OTHER T	1	
FOR NUMBER FILED						NUMBER EXTRA RA			RAT	Е	FEE		RATE	FEE
BASIC FEE G7 CFR LIG(s))								7			\$ 375	OR		\$_ <u>0</u>
						*	0	7	x \$_9	_	0	OR	x \$_18_ =	0
	EPENDENT CLA CFR 1.16(b))	IMS	2	min	us 3 =	*	0	x 42 _= 0			0	OR	x 84 =	0
MU	LTIPLE DEPEN	DENT CL	AIM PRE	SENT (37	CFR 1.16(d	i))	0	71	+ 140	=	0	OR	+ 280 =	0
* If the difference in column 1 is less then zero, enter "0" in column 2									TOTA	L	375	OR	TOTAL	0
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMAL	L EN	TITY	OR	OTHER T	
AMENDMENT A		CLA REMAI AFT AMENI	INING ER		NU PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	3 -	ADDI- FEE		RATE	ADDI- TIONAL FEE
NDN	Total (37 CFR 1.16(c))	*		Minus	** 20	)	= 0		x \$_9	_	0	OR.	x \$_ <u>18</u> =	0
ME	Independent (37 CFR 1.16(b))	*		Minus	*** 3		= 0		x 42	= (	0	OR OR	x <u>84</u> =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT			T CLAIM (3	7 CFR 1.16(d))	7	+ 140	_=	0	OR	<sub>+</sub> 280 <sub>=</sub>	0			
. (Column 1) (Column 2) (Column 3)							L AD	TOTA DIT. FE		0 ·	OR A	TOTAL DDIT. FEE	0	
AMENDMENT B		CLA REMA AFT AMENI	INING ER		NU PREV	GHEST IMBER IOUSLY ID FOR	PRESENT EXTRA		RATE	3	ADDI- ΓΙΟΝΑL FEE		RATE	ADDI- TIONAL FEE
NON	Total (37 CFR 1,16(c))	*		Minus	**		=		s <u>9</u>	=	0	OR	x \$ <u>18</u> =	0
ME	Independent (37 CFR 1.16(b))	*		Minus	***		=		x <u>42</u>	_=	0	OR OR	x <u>84</u> =	0
V	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						7[	140	=	0	OR	+ 280 =	0	
		(Colun	nn 1)		(Col	lumn 2)	(Column 3)	AI	TOTA DDIT. FI	AL EE	0	OR A	TOTAL DDIT. FEE	0
AMENDMENT C		CLA REMA AFT AMENI	INING ER		NU PREV	HEST MBER VIOUSLY ID FOR	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
VD.	Total (37 CFR 1.16(c))	*		Minus	**		=		x \$ <u>9</u>	.=	0	OR	x \$ <u>18</u> =	0
ME	Independent (37 CFR 1.16(b))	*		Minus	***		=		x _42	.=	0	OR OR	x <u>84</u> =	0
Y	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ 140	_=	0	OR	+ 280 =	0	
* If	the entry in colu	mn 1 is les	s than the	entry in colum	ın 2, writ	te "0" in colu	mn 3.	— L	TOT DDIT. F		0 .	OR	TOTAL DDIT. FEE	0
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														